

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
 (Includes Reference to PCT International Applications)

 ATTORNEY'S
 DOCKET NUMBER
 P06,0128

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, Inventor (if plural, names are listed below) or an original, first and joint sought on the invention entitled:

METHOD, DEVICE AND COMPUTER PROGRAM PRODUCT FOR FILTERING AN EMG SIGNAL OUT OF A RAW SIGNAL (As Amended)

the specification of which (check only one item below):

- is attached hereto.
- was filed as United States application
Serial No. _____

on _____

and was amended

on _____ (if applicable).

- was filed as PCT International application

Number PCT/SE2004/001689

On November 18, 2004

and was amended under PCT Article 19

on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (If PCT indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
Sweden	0303062-4	November 18, 2003	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

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